Strengthening effectiveness and technical, managerial financial sustainability at National, State and Municipal levels.

Promoting collaboration amongst public, private and voluntary sectors.

Comprehensive Programme to Combat TB, Leprosy, Etc.

4110. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have formulated any comprehensive programme and scheme to combat, TB, Leprosy, Malaria, AIDS Hepatitis A/B/C etc.;

(b) if so, the details thereof;

(c) whether any financial assistance is being granted by the World Bank for combating the above diseases; and

(d) if so, the details of funds granted and utilized during the last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The National TB Cóntrol Programme (NTCP) has been in operation in the country since 1952. To achieve a cure rate of 85% of new sputum positive cases and to detect at least 70% of such casses, Revised National TB Control Programme (RNTCP) which is an application of the WHO recommended Directly Observed Treatment—Short Course (DOTS) Stategy, is being implemented in the country in a phased manner. At present, 460 million population has been covered under RNTCP and it is envisaged to cover a population of 800 million by the year 2004 and the entire country by year 2005. Under the Programme, .100% requirement of anti-TB drugs and Binocular Microscopes are provided as commodity grant by the Centre to all the States/UTs. For undertaking various activities for implementation of RNTCP, cash assistance is releassed to States/District TB Societies. The Programme is rigoriously monitored through quarterly performance reports.

The Government of India is implementing the National Leprosy Eradication Programme (NLEP) in all States/UTs with the objective of achieving the elimination of leprosy *i.e.* Prevalence of less than I case per 10,000 population, at national level, by March, 2004. The details of the 2nd phase of the Programme, which is currently in operation are :

(i) Decentralization & Institutional Development under which State Leprosy Societies have, been formed in 27 major States and District Leprosy Societies in all the original 557 districts of the country.

(ii) Integration of leprosy services with general health care.

(iii) Two rounds of Modified Leprosy Elimination Campaigns for case detection throughout the Country during 2001-02 (already conducted) and 2002-03 (being planned).

(iv) Early leprosy case detection and free Multi Drug Therapy to all patients.

(v) Special Action Projects for Elimination of Leprosy (SAPEL) and Leprosy Elimination Campaign (LEC) for difficult inaccessible/under served rural and urban areas, respectively.

(vi) Intensified public awareness campaigns.

(vii) Training of health staff in disability prevention and care.

(viii) Training of general health care staff in leprosy.

In so far as Malaria is concerned, Government of India is operating the National Anti Malaria Programme (NAMP) in the country on a cost sharing basis between the Centre and the States. The programme envisages both detection and treatment of cases with drugs and prevention of mosquito breeding through insecticides and bio-environmental methods. An enhanced Malaria Control Project (EMCP) with World Bank support is being implemented since September, 1997 in 8 high endemic predominantly tribal States *viz* Andhra Pradesh, Chhattisgarh, Gujarat, Madhya Pradesh, Maharashtra, Jharkhand, Orissa and Rajasthan. 19 cities/towns having serious malaria problem are also covered under the project. Under the Programme, Central Government provides insecticides, drugs, biolarvicides, Impregnated bednets and other materials and equipments to the States/UTs. However, 100% central assistance is being provided to the North Eastern States since December, 1994.

In order to combat the problem of AIDS, Government has launched a comprehensive AIDs prevention and control programme, which is a 100%

centrally sponsored scheme being implemented in all States/UTs through States/UTs AIDS Control Societies. The main components of the Programme consists of:—

Reducing the spread of HIV in groups at high risk by identification of target populations and providing peer counselling, condom promotion, and treatment of sexually transmitted Infections.

Preventive intervention for the general population by Information, Education and Communication (IEC) and awareness campaign, provision of voluntary testing and counselling, safe blood transfusion services and prevention of occupational exposure.

Providing financial assistance for opportunistic infections, home and community based care.

Strengthening effectiveness and technical, managerial, financial sustainability at National, Stale and Municipal levels.

Promoting collaboration amongst public, private and voluntary sector.

In so far as Hepatitis A/B/C are concerned, the following measures have been taken to prevent infection of viral hepatitis:

Central Government hospitals personnel at high risk are being immunized against Hepatitis B. State Government have also been advised to take similar steps.

Guidelines have been issued for mandatory testing of blood in all blood banks.

Promotion of safe sex under National AIDS Control Programme is advocated.

Health awareness campaigns regarding the danger of using unsterile syringes and needles under National AIDS Control Programme are held.

Guidelines have been issued to State Health authorities for use of separate sterile syringes and needles for each injection.

A pilot project in order to study the impact of administration, Hepatitis-B vaccine for its introduction in 15 selected cities and 32 districts in 17 States of the country, which are high-risk areas is likely to be launched

shortly. The pilot project is estimated to cost Rs. 27.19 crores which will be funded by the Global Alliance on Vaccine and Immunization (GAVI).

(c) and (d) A soft loan of US$ 142.2 million has been negotiated with World bank for implementation of Revised National Tuberculosis Control Programme (RNTCP). The details of funds released and expenditure year-wise for last 3 years is as under:

(Rs. in lakhs)

Year	Releases	Expenditure
1999-2000	6999	2773
2000-2001	6184	5757
2001-2002	6862	4756 (upto 31st Dec, 2001)

In so far as Leprosy Programme is concerned, the details of funds granted and utilized during 1998-99 to 2000-01 is given below:

(Rs. in lakhs)

Year	Allocation	Released
1998-99	4100.00	4100.00
1999-2000	4800.00	48.00
2000-2001	3800.00	38.00

Following penditure has been incurred under the EMCP during the ex 3 years: last

Year	Expenditure (Rs. In crores)
1999-2000	60.65
2000-2001	81.26
2001-2002	92.16

National AIDS Control Programme Phases-II is being implemented as a 100% centrally sponsored scheme with the World Bank assistance of US$ 191 million on disbursement basis. Expenditure on the programme activities is incurred by NACO and various AIDS Control Societies in the States/UTs. A sum of US$ 75 million has been disbursed by the World Bank from 1999 to date.

No financial assistance is being received from World Bank for combating Hepatitis A/B/C.

Health care facilities to Senior Citizens

4111. PROF. M.M. AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of steps being taken by Government to provide adequate health care facilities to senior citizens of the country; and

(b) the details of proposals formulated, so far and being implemented by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) A national policy on Older Persons was brought out in 1999 and subsequently various steps were taken by Ministry of Social Justice and Empowerment for implementation of the policy. These steps, *inter-alia.also* include the steps taken to provide adequate health care facilities to senior citizens of the country.

Patients treated under NTCP

4112. SHRI RAMA CHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of patients treated under National Tuberculosis Control Programme during the last three years vis-a-vis its target for the relevant years:

(b) the reasons for utilization of only 13 to 27 per cent grants by the District Tuberculosis Control Centres: and

(c) the fresh steps taken for proper implementation of the programme all over the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Under the National TB Control Programme